



Submission of this completed Notice of Intent (NOI) constitutes notice that the operator identified in Section B of this form requests authorization to discharge pollutants to waters of the United States from the facility or site identified in Section C under EPA's NPDES Stormwater Multi-Sector General Permit (MSGP) for industrial stormwater. Submission of this NOI constitutes your notice to EPA that the facility identified in Section C of this form meets the eligibility conditions of Part 1.1 of the MSGP. Please read and make sure you comply with all eligibility requirements, including the requirement to prepare a stormwater pollution prevention plan. Refer to the instructions at the end of this form to complete your NOI.

A. Permit Number: DCR050000 (see Appendix C of the MSGP for the list of eligible permit numbers) Tracking Number (EPA Use Only): \_\_\_\_\_

**B. Facility Operator Information**

1. Name: Super Salvage, Inc.

2. IRS Employer Identification Number (EIN): 53 - 0196370

3. Mailing Address:

a. Street: 1711 1st Street SW

b. City: Washington c. State: DC d. Zip Code: 20024-3404

e. Phone: 202-488-7157 f. Fax (optional): 202-488-1097 g. E-mail: supersalvage@yahoo.com

**C. Facility Information**

1. Facility Name: Super Salvage, Inc.

2. Have stormwater discharges from your site been covered previously under an NPDES permit?  YES  NO

a. If yes, provide the Tracking Number if you had coverage under EPA's MSGP 2000 or the NPDES permit number if you had coverage under an EPA individual permit. N/A

b. If no, was your facility in operation and discharging stormwater prior to October 30, 2005?  YES  NO

b.2 If no to C.2.b.1, did your facility commence discharging after October 30, 2005 and before January 5, 2007?  YES  NO

3. Location Address:

a. Street: 1711 1st Street SW

b. City: Washington

c. County or similar government subdivision: N/A d. State: DC e. Zip Code: 20024-3404

f. Latitude: (use any one of the three formats provided)

1. 38.52.07° N (degrees, minutes, seconds)

2. \_\_\_\_\_° N (degrees, minutes, decimal)

3. \_\_\_\_\_° N (degrees decimal)

g. Longitude: (use any of those 3 formats)

1. 077.00.45° W (degrees, minutes, seconds)

2. \_\_\_\_\_° W (degrees, minutes, decimal)

3. \_\_\_\_\_° W (degrees decimal)

h. Lat/Long Data Source:  USGS topographic map  EPA web site  GPS  Other: Google Earth

if you used a USGS topographic map, what was the scale? \_\_\_\_\_

4. Estimated area of industrial activity at your site exposed to stormwater: 0.70 (acres)

5. Is this a federal facility?  YES  NO

6. Is your facility located on Indian Country lands?  YES  NO

if yes, name of reservation, or if not part of a reservation, put "Not Applicable": \_\_\_\_\_

**D. Discharge Information**

1. Does your facility discharge stormwater into a Municipal Separate Storm Sewer System (MS4)?  YES  NO  
 If yes, name of MS4 operator: \_\_\_\_\_

2. Receiving Waters and Wetlands (Note: If additional space is needed for this question, fill out Attachment 1.)

6. What is the name(s) of your receiving water(s) that receive stormwater directly and/or through an MS4?  If your receiving water is impaired then identify the name of the impaired segment, if applicable, in parentheses following the receiving water name.	7. Are any of your discharges directly into any segment of an "impaired" water?	If you answered yes to question D.2.1, then answer the following three questions.		
		8.1. What pollutant(s) are causing the impairment?	9. Are the pollutant(s) causing the impairment present in your discharge?	10. Has a TMDL been completed for the pollutant(s) causing the impairment?
None	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Water Quality Standards (for new dischargers only)  
 a. Are any of your discharges into any portion of a receiving water designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in, and on the water)?  YES  NO  
 b. Has the receiving water(s) been designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding Natural Resource Water)?  YES  NO

4. Federal Effluent Limitation Guidelines and Sector-Specific Requirements  
 a. Are you requesting permit coverage for any stormwater discharges subject to effluent limitation guidelines?  YES  NO  
 b. If yes, which effluent limitation guidelines apply to your stormwater discharges?

40 CFR Part/Subpart	Eligible Discharges	Attracted MSGP Sector	Check if Applicable
Part 411, Subpart C	Runoff from material storage piles at cement manufacturing facilities	E	<input type="checkbox"/>
Part 418 Subpart A	Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, by-products or waste products (SIC 2874)	C	<input type="checkbox"/>
Part 423	Coal pile runoff at steam electric generating facilities	D	<input type="checkbox"/>
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	<input type="checkbox"/>
Part 436, Subpart B, C, or D	Mine dewatering discharges at crushed stone mines, construction sand and gravel mines, or industrial sand mines	J	<input type="checkbox"/>
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	<input type="checkbox"/>
Part 446, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	<input type="checkbox"/>

c. If you are a Sector 8 (Air Transportation) facility, do you anticipate using more than 100,000 gallons of glycol-based deicing/anti-icing chemicals and/or 100 tons or more of urea on an average annual basis?  YES  NO

5. Identify the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in MSGP:  
 Primary SIC Code: 51093 OR Primary Activity Code:   

6. Identify the applicable sector(s) and subsector(s) of industrial activity, including co-located industrial activity, for which you are requesting permit coverage:  
 a. Sector N Subsector 1      b. Sector    Subsector         c. Sector    Subsector     
 d. Sector    Subsector         e. Sector    Subsector         f. Sector    Subsector   

7. a. Is your site presently inactive and unstaffed?  YES  NO  
 b1. If yes, is your site expected to be inactive and unstaffed for the entire permit term?  YES  NO  
 b2. If you select 'no' in 7.b1. above, then indicate the length of time that you expect your facility to be inactive and unstaffed: \_\_\_\_\_

**E. Stormwater Pollution Prevention Plan (SWPPP) Contact Information**

1a. SWPPP Contact Name: John Keiler  
b. Phone: 202-488-7157 Ext.     E-mail: keiler81@hotmail.com  
2. URL of SWPPP (if applicable): N/A

**F. Endangered Species Protection**

1. Using the instructions in Appendix E of the MSGP, under which criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit?  
 A  B  C  D  E  F

2. If you select criterion B from Part 1.1.4.5:  
a. What federally-listed species or federally-designated critical habitat are in your action area? N/A  
b. List the pollutants expected to be present in your discharge N/A  
c. If you are an existing discharger, do you have effluent monitoring data from EPA's MSGP 2000, or another previous NPDES permit?  YES  NO  
c.1 If no, why not?  No monitoring required for my sector  inactive/unstaffed site  Other \_\_\_\_\_  
c.2 Do you have any other data characterizing pollutants in your stormwater (describe)? None  
c.3 If you have benchmark monitoring data, did you exceed any of the applicable benchmarks?  YES  NO  
c.4 Did you exceed any applicable effluent limitation guideline or cause or contribute to an exceedance of a State or Tribal water quality standard?  YES  NO  
c.5 If you answered "yes" to either question F.2.c.3 or F.2.c.4 above, for what pollutant(s)? \_\_\_\_\_  
d. Attach documentation supporting criterion B eligibility. Documentation should address species and habitat listed in F.2.a and the potential effects of pollutants listed in F.2.b (including any monitoring data for these pollutants) on the listed species and habitat.

3. If you select criterion E from Part 1.1.4.6, provide the operator's NPDES Tracking Number under which you are certifying eligibility: N/A

**G. Historic Preservation**

Using the instructions in Appendix F of the MSGP, under which criterion listed in Part 1.1.4.6 are you eligible for coverage under this permit?  
 A  B  C  D

**H. Certifier Name and Title**

I certify under penalty of law that I meet the eligibility conditions of this permit and that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Print Name: Stephen B Middlethorn  
Title: President  
Signature: [Signature]  
E-mail: supersalvage@yahoo.com

Date: 10/18/13

**NOI Preparer (Complete if NOI was prepared by someone other than the certifier)**

Prepared by: Michael Logani  
Organization: Compliance Plus Services, Inc.  
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